Oregon Small Group Portfolio[1]

health net

2024

Plan name	Deductible[2] (single/family)	Out-of-pocket maximum[3] (single/family)	Office visit/ specialist visit	Coinsurance[4] (in-network/ out-of-network)	Lab and X-ray	CT/MRI/ PET/ SPEC	Inpatient hospital	Outpatient surgery (ASC/ hospital)	Emergency room (copay waived if admitted)	Urgent care	Pharmacy[5]
PPO											
Platinum P10-250-1-3000DX	$250 / $500	$3,000 / $6,000	$10 / $20	10%	$10	10%	10%	5% / 10%	10%	$20	$10 / $30 / $60 / 50%
Platinum P10-500-1-3000DX	$500 / $1000	$3,000 / $6,000	$10 / $20	10%	$10	10%	10%	5% / 10%	10%	$20	$10 / $30 / $60 / 50%
Platinum P10-750-1-3000DX	$750 / $1,500	$3,000 / $6,000	$10 / $20	10%	$10	10%	10%	5% / 10%	10%	$20	$10 / $30 / $60 / 50%
Gold P25-500-2-8550DX	$500 / $1,000	$8,550 / $17,100	$25 / $50	20%	$20	20%	20%	10% / 20%	20%	$50	$15 / $45 / $90 / 50%
Gold P15-1000-2-8500DX	$1,000 / $2,000	$8,500 / $17,000	$15 / $30	20%	$20	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P15-1500-2-8500DX	$1,500 / $3,000	$8,500 / $17,000	$15 / $30	20%	$20	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P15-2000-2-8500DX	$2,000 / $4,000	$8,500 / $17,000	$15 / $30	20%	$20	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P15-2500-2-8500DX	$2,500 / $5,000	$8,500 / $17,000	$15 / $30	20%	$20	20%	20%	10% / 20%	20%	$30	$15 / $45 / $90 / 50%
Gold P15-3000-2-8500DX	$3,000 / $6,000	$8,500 / $17,000	$15 / $30	20%	$20	20%	20%	10% / 20%	20%	$30	$10 / $45 / $90 / 50%
Gold P0-1500-4-8500DX	$1,500 / $3,000	$8,500 / $17,000	$0 / $50	40%	$0	40%	40%	30% / 40%	40%	$50	$250 Rx deductible $0 Rx ded. waived / $45 after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
Gold P0-3500-4-8500DX	$3,500 / $7,000	$8,500 / $17,000	$0 / $50	40%	$0	40%	40%	30% / 40%	40%	$50	$250 Rx deductible $0 Rx ded. waived / $45 after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
Silver P40-3000-3-8975ES	$3,000 / $6,000	$8,975 / $17,950	$40 / $80	30%	30%	30%	30%	20% / 30%	30%	$80	$25 / $55 / 50% / 50%
Silver P35-4500-3-8750DX	$4,500 / $9,000	$8,750 / $17,500	$35 / $70	30%	$35	30%	30%	20% / 30%	30%	$70	$400 Rx deductible $20 Rx ded. waived / $50 after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
Silver P35-5000-3-8750ES	$5,000 / $10,000	$8,750 / $17,500	$35 / $70	30%	30%	30%	30%	20% / 30%	30%	$70	$25 / $50 / 50% / 50%
Silver P40-6000-3-8750ES	$6,000 / $12,000	$8,750 / $17,500	$40 / $80	30%	30%	30%	30%	20% / 30%	30%	$80	$25 / $50 / 50% / 50%
Bronze P8250-0-8250ES	$8,250 / $16,500	$8,250 / $16,500	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
High Deductible PPO (HSA qualified plans) all benefits subject to deductible[6]											
Silver HD3200-3-6750ES	$3,200 / $6,400	$6,750 / $13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after ded. / 30% after ded. / 50% after ded.
Silver HD4000-3-6750ES	$4,000 / $8,000	$6,750 / $13,500	30% / 30%	30%	30%	30%	30%	20% / 30%	30%	30%	30% after deductible / 30% after ded. / 30% after ded. / 50% after ded.
Bronze HD7100-0-7100ES	$7,100 / $14,200	$7,100 / $14,200	0% / 0%	0%	0%	0%	0%	0% / 0%	0%	0%	0% / 0% / 0% / 0% after deductible
Oregon State Standard PPO											
Gold Standard Plan	$1,800 / $3,600	$7,550 / $15,100	$20 / $40	20% / 50%	20%	20%	20%	20% / 20%	20%	$60	$10 / $30 / 50% / 50% (SP: $500 per script cap)
Silver Standard Plan	$5,500 / $11,000	$9,450 / $18,900	$40 / $80	30% / 50%	30%	30%	30%	30% / 30%	30%	$70	$15 / $60 / 50% / 50%
Bronze Standard Plan	$9,450 / $18,900	$9,450 / $18,900	$50 / $150	0% / 50%	0%	0%	0%	0% / 0%	0%	$100	Integrated medical deductible $25 / 0% / 0% / 0%

(continued)

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Alternative Care plans (All medical plans include alternative care benefits.) [7,8]

Alternative care	Member pays							
	Chiropractic (Unlimited visits)		Acupuncture (36 visits combined in and out-of-network)		Massage Therapy (27 visits combined in and out-of-network)		Naturopath (Unlimited visits)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	20%	Office visits are covered at the PCP copay under your medical plan	Office visits are covered at the PCP out-of-network cost share under your medical plan

Dental plans

Dental[9]	Member pays					
	Deductible (single / family)	Calendar year maximum	Coinsurance (preventive & diagnostics / basic / major / ortho)	Cleanings	Exams	X-rays
Plus D50-1855-1500	$50 / $150	$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Preferred Plus DP50-1855-1500	$50 / $150	$1,500	0% / 20% / 50% / 50%	0%	0%	0%
Value D50-185-1500V	$50 / $150	$1,500	0% / 20% / 50% / Not covered	0%	0%	0%
Essential D50-16-500	$50	$500	0% / 40% / Not covered / Not covered	0%	0%	0%

Vision plans

Vision[9]	Member pays			
	Exam	Frame allowance	Lenses (single / bifocal / trifocal / progressive)	Frequency (months) (examination / lenses or contact lenses / frames)
Elite 1010-1	$10	$150	$10 / $10 / $10 / $75	12 / 12 / 12
Preferred 1025-2	$10	$100	$25 / $25 / $25 / $90	12 / 12 / 24
Preferred 1025-3	$10	$100	$25 / $25 / $25 / $90	12 / 24 / 24

[1]All medical plans include pediatric vision coverage. Pediatric dental coverage must be purchased for dependents under 19 years of age through Health Net or another carrier. Pediatric dental is not available on the Oregon State Standard medical plans.

[2]The specified deductible must be met each calendar year (January 1 through December 31) before Health Net pays any claims.

[3]The annual out-of-pocket maximum includes the annual deductible, copayments and coinsurance. After the out-of-pocket maximum is reached in a calendar year, we will pay the covered services during the rest of that calendar year at 100% of our contract rates for participating provider services and at 100% of the maximum allowable amount (MAA) for out-of-network (OON) services. Members are still responsible for OON-billed charges that exceed MAA.

[4]Coinsurance is subject to the annual deductible.

[5]Prescription drug tiers are Tier 1: Generic; Tier 2: Brand Preferred; Tier 3: Non-Preferred; SP: Specialty. Retail pharmacy – members may receive a 90-day fill at a retail pharmacy; one copayment/coinsurance applies per 30-day supply. Tier 1, 2 or 3 prescription drugs may apply. Deductible waived unless otherwise noted. MAC A applies. Essential Rx Drug List – A listing of preferred drugs and their corresponding benefit levels is shown on the Health Net Essential Rx Drug List (EDL). Log in as a Health Net member at healthnetoregon.com to view the Oregon Essential RX Drug List.

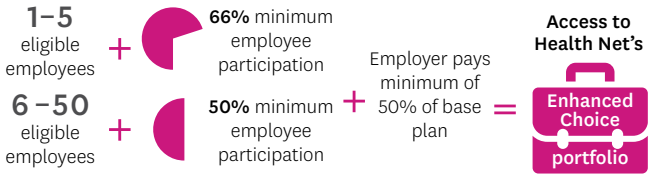
[6]All benefits including office visit copay, pharmacy and alternative care are after deductible.

[7]All copayments accumulate to the medical out-of-pocket maximum.

[8]Only chiropractic, naturopath, and acupuncture benefits available on Oregon State Standard Plans.

[9]Not available for purchase alongside the Oregon State Standard Plans.

Participation guidelines



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